

**APPLICATION FOR ASSIGNMENT TO A POLLING PLACE****(CEB-2)****For Election to be Held** \_\_\_\_\_, 20\_\_\_\_

State Form 44763 (R5/12-03)

Indiana Election Commission (IC 3-11-8-6.5)

**INSTRUCTIONS:** If you are a voter with disabilities or a voter at least 65 years of age, you may file this application by mail or in person at the principal county voter registration office at least 10 days before election day. You may also be eligible to vote by absentee ballot.

To the Election Board of \_\_\_\_\_ County, Indiana.

Name *(please print)*Address *(number and street)*Telephone number *(day)*

( )

City, State and ZIP code

Telephone number *(evening)*

( )

Ward or Township *(if known)*Precinct *(if known)*

I apply for assignment to a special voting poll. I am a voter at least 65 years of age or a voter with disabilities. My designated precinct polling place is not an accessible facility, as determined by the co-directors of the Indiana Election Division. I affirm that I am a registered and qualified voter at the address shown above.

I understand that my assignment to a special voting poll is good only for this election.

Signature of applicant

X

Date signed (mm / dd / yy)

Please return to:

**OFFICE USE ONLY**

Township or Ward	Precinct	Congressional District	State Senate District	State House District	Council District	School Board